

General

Title

Parkinson's disease: percentage of patients with a diagnosis of Parkinson's disease (or caregiver[s], as appropriate) who were queried about sleep disturbances at least annually.

Source(s)

American Academy of Neurology (AAN). Parkinson's disease physician performance measurement set. St. Paul (MN): American Academy of Neurology (AAN); 2009 Dec 16. 45 p.

Cheng EM, Tonn S, Swain-Eng R, Factor SA, Weiner WJ, Bever CT Jr, American Academy of Neurology Parkinson Disease Measure Development Panel. Quality improvement in neurology: AAN Parkinson disease quality measures: report of the Quality Measurement and Reporting Subcommittee of the American Academy of Neurology. *Neurology*. 2010 Nov 30;75(22):2021-7. [PubMed](#)

Measure Domain

Primary Measure Domain

Clinical Quality Measures: Process

Secondary Measure Domain

Does not apply to this measure

Brief Abstract

Description

This measure is used to assess the percentage of patients with a diagnosis of Parkinson's disease (or caregiver[s], as appropriate) who were queried about sleep disturbances at least annually.

Rationale

Sleep disorders are common in Parkinson's disease (PD) and most commonly include sleep fragmentation (80%), restless legs syndrome (20%), rapid eye movement (REM) behavior sleep disorder (>40%), and excessive daytime sleepiness (~50%). Sleep fragmentation could relate to motor symptoms such as tremor and dystonia, restless legs syndrome, depression, anxiety, agitation, urinary frequency, or

medication (most notably selegiline but also dopamine agonists). Several approaches to effective therapy are available. Excessive daytime sleepiness could result in sleep attacks or unintended sleep episodes. Such episodes have been described in various situations, including while driving a car. Excessive daytime sleepiness may result from medication (dopamine agonists), dementia, psychosis, or poor nocturnal sleep hygiene and is generally more common in advanced PD. Medication adjustment and the use of stimulants may be warranted. REM behavior disorder is defined by the patient acting out dreams. The result could be either the patient or spouse moving to a different bedroom. This syndrome is treated with benzodiazepines and other medications. Assessing sleep would be expected to lead to improved morbidity and function.*

*The following clinical recommendation statements are quoted verbatim from the referenced clinical guidelines and represent the evidence base for the measure:

A full sleep history should be taken from people with PD who report sleep disturbance. (Level D) (NICE GL35, Jun 2006)

Good sleep hygiene should be advised in people with PD with any sleep disturbance and includes: avoidance of stimulants (for example, coffee tea, caffeine) in the evening; establishment of a regular pattern of sleep; comfortable bedding and temperature; provision of assistive devices, such as a bed lever or rails to aid with moving and turning, allowing the person to get more comfortable; restriction of daytime siestas; advice about taking regular and appropriate exercise to induce better sleep; a review of all medication and avoidance of any drugs that may affect sleep or alertness, or may interact with other medication (for example, selegiline, antihistamines, H2 antagonists, antipsychotics and sedatives). (NICE GL35, Jun 2006)

All veterans with PD should be reassessed for complications of PD (including, but not limited to functional status, excessive daytime somnolence, speech and swallowing difficulties, dementia, depression, and psychosis) at least on an annual basis. (Cheng #10 [Reassessment for complications for PD], 2004)

Evidence for Rationale

Adler CH, Thorpy MJ. Sleep issues in Parkinson's disease. *Neurology*. 2005 Jun 28;64(12 Suppl 3):S12-20. [109 references] [PubMed](#)

American Academy of Neurology (AAN). Parkinson's disease physician performance measurement set. St. Paul (MN): American Academy of Neurology (AAN); 2009 Dec 16. 45 p.

Cheng EM, Siderowf A, Swartrauber K, Eisa M, Lee M, Vickrey BG. Development of quality of care indicators for Parkinson's disease. *Mov Disord*. 2004 Feb;19(2):136-50. [48 references] [PubMed](#)

Comella CL. Sleep disorders in Parkinson's disease. *Curr Treat Options Neurol*. 2008 May;10(3):215-21. [PubMed](#)

Iranzo A, Santamaria J, Rye DB, Valldeoriola F, Marti MJ, Munoz E, Vilaseca I, Tolosa E. Characteristics of idiopathic REM sleep behavior disorder and that associated with MSA and PD. *Neurology*. 2005 Jul 26;65(2):247-52. [PubMed](#)

National Collaborating Centre for Chronic Conditions. Parkinson's disease. National clinical guideline for diagnosis and management in primary and secondary care. London (UK): Royal College of Physicians; 2006. 237 p. [418 references]

Primary Health Components

Parkinson's disease; querying of patient/caregiver; sleep disturbances

Denominator Description

All patients with a diagnosis of Parkinson's disease (see the related "Denominator Inclusions/Exclusions" field)

Numerator Description

Patients (or caregiver[s], as appropriate) who were queried about sleep disturbances at least annually (see the related "Numerator Inclusions/Exclusions" field)

Evidence Supporting the Measure

Type of Evidence Supporting the Criterion of Quality for the Measure

A clinical practice guideline or other peer-reviewed synthesis of the clinical research evidence

One or more research studies published in a National Library of Medicine (NLM) indexed, peer-reviewed journal

Additional Information Supporting Need for the Measure

Unspecified

Extent of Measure Testing

Unspecified

State of Use of the Measure

State of Use

Current routine use

Current Use

not defined yet

Application of the Measure in its Current Use

Measurement Setting

Ambulatory/Office-based Care

Skilled Nursing Facilities/Nursing Homes

Professionals Involved in Delivery of Health Services

not defined yet

Least Aggregated Level of Services Delivery Addressed

Individual Clinicians or Public Health Professionals

Statement of Acceptable Minimum Sample Size

Does not apply to this measure

Target Population Age

Unspecified

Target Population Gender

Either male or female

National Strategy for Quality Improvement in Health Care

National Quality Strategy Aim

Better Care

National Quality Strategy Priority

Prevention and Treatment of Leading Causes of Mortality

Institute of Medicine (IOM) National Health Care Quality Report Categories

IOM Care Need

Living with Illness

IOM Domain

Effectiveness

Data Collection for the Measure

Case Finding Period

At least once per year

Denominator Sampling Frame

Patients associated with provider

Denominator (Index) Event or Characteristic

Clinical Condition

Denominator Time Window

not defined yet

Denominator Inclusions/Exclusions

Inclusions

All patients with a diagnosis of Parkinson's disease

Exclusions

Documentation of medical reason for not querying patient (or caregiver[s], as appropriate) about sleep disturbances (e.g., patient is unable to respond and no informant is available)

Note: Refer to the original measure documentation for administrative codes.

Exclusions/Exceptions

not defined yet

Numerator Inclusions/Exclusions

Inclusions

Patients (or caregiver[s], as appropriate) who were queried about sleep disturbances at least annually

Note: Refer to the original measure documentation for administrative codes.

Exclusions

Unspecified

Numerator Search Strategy

Fixed time period or point in time

Data Source

Administrative clinical data

Type of Health State

Does not apply to this measure

Instruments Used and/or Associated with the Measure

Unspecified

Computation of the Measure

Measure Specifies Disaggregation

Does not apply to this measure

Scoring

Rate/Proportion

Interpretation of Score

Desired value is a higher score

Allowance for Patient or Population Factors

not defined yet

Standard of Comparison

not defined yet

Identifying Information

Original Title

Measure #5: querying about sleep disturbances.

Measure Collection Name

Parkinson's Disease Physician Performance Measurement Set

Submitter

American Academy of Neurology - Medical Specialty Society

Developer

American Academy of Neurology - Medical Specialty Society

Funding Source(s)

American Academy of Neurology

Composition of the Group that Developed the Measure

Co-Chairs: William Weiner, MD, FAAN; Stewart Factor, DO, FAAN

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American Neurological Association: Blair Ford, MD, FAAN

American Psychological Association: Paul Moberg, PhD, ABPP/CN

American Psychiatric Association: Laura Marsh, MD

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Financial Disclosures/Other Potential Conflicts of Interest

Dr. Cheng serves as a consultant for the National Parkinson Foundation and receives research support from the NIH/NINDS (K23NS058571 [PI]), the VA Parkinson's Disease Research, Education, and Clinical Center, the Department of Veterans Affairs, the California Office of Statewide Planning and Development, the National Multiple Sclerosis Society, and the American Heart Association.

Ms. Tonn is a full-time employee of the American Academy of Neurology (AAN) and served as project director for AAN grants from Pfizer Inc. and the CDC.

Ms. Swain-Eng is a full-time employee of the AAN.

Dr. Factor has served on scientific advisory boards for Lundbeck Inc., Allergan, Inc., and UCB; serves as a section editor for *Current Treatment Options in Neurology*; receives royalties from the publication of *Parkinson's Disease Diagnosis and Clinical Management* (Demos, 2008) and *Drug Induced Movement Disorders* (Blackwell Futura, 2005); has given expert testimony, prepared affidavits, and served as a consultant for Boehringer Ingelheim; and receives research support from Teva Pharmaceutical Industries Ltd., Ipsen, UCB, and Schering-Plough Corp.

Dr. Weiner has served on scientific advisory boards for Santhera Pharmaceuticals and Rexahn Pharmaceuticals, Inc.; serves on the editorial boards of *Parkinsonism and Related Disorders* and *Neurological Reviews*, and as Editor of *Treatment Options in Neurology*; receives royalties from the publication of *Neurology for the Non-Neurologist* (6th edition, Kluwer/Lippincott 2010), *Parkinson's Disease: A Complete Guide for Patients and Family* (Hopkins University Press 2nd edition, 2007), and *Handbook of Clinical Neurology Hyperkinetic Disorders* (Elsevier, 2011); has received honoraria from Santhera Pharmaceuticals and Novartis; has received research support from Novartis, Santhera Pharmaceuticals, Boehringer Ingelheim, and has provided expert testimony and served as a subject

matter expert in legal proceedings.

Dr. Bever serves on the editorial board of the *MS Quarterly Report*; is listed as a co-inventor on and receives royalties from Abraxis BioScience, Inc. for a pending patent regarding use of hematogenous stem cells in neuronal replacement therapy and gene delivery; receives royalties from the publication of *Ambulatory Medicine* (Lippincott Williams & Wilkins, 7th edition, 2006); and has received research support from the Department of Veterans Affairs and the National MS Society.

Measure Initiative(s)

Physician Quality Reporting System

Adaptation

This measure was not adapted from another source.

Date of Most Current Version in NQMC

2009 Dec

Measure Maintenance

This measurement set will be revised periodically with an extensive review every 3 years.

Date of Next Anticipated Revision

2012 Dec

Measure Status

This is the current release of the measure.

The measure developer reaffirmed the currency of this measure in April 2016.

Measure Availability

Source available from the [American Academy of Neurology \(AAN\) Web site](#) .

For more information, contact AAN at 201 Chicago Avenue, Minneapolis, MN 55415; Phone: 800-879-1960; Fax: 612-454-2746; Web site: www.aan.com .

NQMC Status

This NQMC summary was completed by ECRI Institute on December 16, 2011. The information was verified by the measure developer on January 30, 2012.

The information was reaffirmed by the measure developer on April 15, 2016.

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Production

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